Cape Ann Transportation Authority

Transportation Access Pass Application

Thank you for your interest in a Transportation Access Pass provided by the Cape Ann Transportation Authority (CATA). The Transportation Access Pass is for persons with disabilities who use Massachusetts public transportation systems. Please read the following and complete all necessary parts.

All Applicants (except as listed below) need to complete Part A and B. Please note that Part B must be completed by a health care professional.

Applicants who meet one of the criteria below are automatically eligible for a Transportation Access Pass CharlieCard. Simply complete PART A, check off the category that applies to you, and present the required documentation.

1. **Medicare Card Holder:** Please present your Red, White, and Blue Medicare Card at the time of visit. (Not MassHealth)
2. **Current ADA Eligible Customer:** Please present a copy of your certificate of eligibility from the certifying transit agency
3. **Veteran with a disability rating 70% or greater:** Present Benefits Summary Letter on Veterans Administration letterhead, specifying disability rating.
4. **Clients of the following agencies**: Present original letter on agency letterhead, from authorized agency representative (or vendor) verifying status as current client.
   - DMH/Department of Mental Health (including DMH vendors)
   - DDS/Department of Developmental Services
   - MRC/Massachusetts Rehabilitation Commission

Application Submittal: When your application is complete, please call CATA at 978-283-1886 to make an appointment to process your application. No Photocopies or faxes accepted.

CATA Administration and Operations Facility
3 Pond Road, Gloucester, MA 01930
978-283-1886

Please bring your completed application, a valid Driver's License or ID with an expiration date from the Registry of Motor Vehicles, and $3.00 (Cash Only) for the service fee. (If you lose your card, there is a $5.00 replacement fee.)

An incomplete application will be returned to you and this will delay the processing of your application. Please do not hesitate to call (978) 283-1886 with any questions you may have.

PART A: TO BE COMPLETED BY APPLICANT

The information obtained in this certification process will only be used by CATA for the provision of a Transportation Access Pass. This information will be kept strictly confidential and will not be provided to any other person or agency.

NOTE: PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS CANNOT BE PROCESSED.

Applicant Information: (Please Print) ☐ First time applicant ☐ Renewal

Last Name_____ First Name _____ MI____

Address _____Apt. No._____

City _____ State _____ Zip_____

Phone _____ DOB _____/_____/_____

Emergency Contact Information: Name _____

Relationship _____ Phone _____

Disability Information Release Authorization:

I authorize the health care professional completing this application to release information about my disability to the Cape Ann Transportation Authority (CATA).

_____ _____

Applicant Original Signature **Date**

Automatically Eligible Applicants (Original Documents Only)

Please check the category that applies to you and bring the required documentation to CATA.

- ❑ **Medicare Card Holder:** Please present your Red, White, and Blue Medicare Card at the time of visit (Not MassHealth)
- ❑ **Current ADA Eligible Customer:** Please present a copy of your certificate of eligibility from the certifying transit agency
- ❑ **Veteran with a disability rating 70% or greater:** Present Benefits Summary Letter on Veterans Administration letterhead, specifying disability rating
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PART B: REQUEST FOR PROFESSIONAL VERIFICATION

Refer to Part C for the disability criteria to answer the questions below and check mark the appropriate responses.

1. Is the applicant disabled according to at least one of the Criteria listed in Part C?

   ❑ Yes ❑ No

   If yes, fill in the criteria number 1-8 _____

   Please define the
   disability:_____
   _____
   _____
   _____

2. Is the disability a permanent condition? ❑ Yes ❑ No

   If no, estimated length of disability (in months)? _____

3. Is the applicant, despite his/her disability, <u>able</u> to use the CATA fixed route bus service? ❑ Yes ❑ No

4. Which of the following mobility aids or equipment do you use to help you get to where you need to go? (Please check <u>all</u> that apply).

❑ Manual wheelchair
❑ Power wheelchair
❑ Power scooter
❑ Walker
❑ Cane
❑ Crutches
❑ Prosthetic device/brace
❑ Respirator/Oxygen tanks
❑ Guide cane
❑ Service animal (guide dog, etc…)
❑I do not use a mobility aid
❑ Other (specify):_____

5. In addition to the above, does the applicant require the aid of an attendant when going from the house to the curb/vehicle? ❑ Yes ❑ No

To the best of my knowledge, the information contained on this form is correct

_____ _____ _____
(Physician or Professional's Signature) (Telephone) (Date)

_____ _____
(Print or type name) (Office address)

Revised 2017-09-13

PART C: CRITERIA TO QUALIFY FOR THE TRANSPORTATION ACCESS PASS

1. Any individual who cannot walk more than 200 feet to a bus route or final destination without the use of a mechanical aid (ex. Crutches, walker, etc…).

2. Any individual who uses a wheelchair.

3. Any individual who has less than 20/200 vision with best correction or a field restriction of 10 degrees or less. (Any legally blind applicant must have a certificate of blindness from the Mass Commission for the Blind (800) 392-6450).

4. Any individual who is considered deaf and whose hearing is uncorrectable by use of a hearing aid.

5. Any individual who cannot walk more than 200 feet to a bus route or final destination because of neurological, muscular-skeletal, pulmonary or cardiovascular disorder.

6. Any individual who has a developmental disability or an emotional disorder. Eligibility for emotional disorders is as follows:

    a. Person living in a community residence or boarding home and participating in a sheltered workshop or day hospitalization program.

    b. Living at home and participating in a sheltered workshop or day hospitalization program.

7. Any individual who is an amputee.

8. Any individual who requires kidney dialysis treatment.